



County of Fairfax, Virginia

Complaint Form for Allegations of Discrimination

Fairfax County has two complaint procedures providing for prompt resolution of complaints by individuals alleging discrimination prohibited by Federal, State and local law or policy in the provision of services, activities, programs, or benefits. This complaint form is to be utilized for filing complaints of discrimination on the basis of age, sex, sexual harassment, race, religion, creed, national origin, marital status, color, political affiliation or veteran's status.

An individual wishing to file a complaint based on disability will need to use the complaint form identified in the Fairfax County Government Complaint Procedure under the Americans with Disabilities Act. You may obtain a copy of the complaint form by contacting staff at the Office of Human Rights and Equity Programs.

To contact the Fairfax County Office of Human Rights and Equity Programs call 703-324-2953, TTY 711 on any Fairfax County workday between the hours of 8:00 a.m. and 4:30 p.m., or email EPDEmailComplaints@FairfaxCounty.gov.

INSTRUCTIONS: Complaints should be filed in writing within 60 workdays (180 calendar days for Transit related complaints) from the day the alleged discriminatory act took place. The term "workday" shall mean any Monday through Friday that is not a county holiday. An investigation will follow the filing of the complaint.

This form should be used in conjunction with the Fairfax County Policy and Procedure for Individuals Alleging Discrimination in County Programs and Services.

Person Filing Complaint

Name:

Telephone No.:

Home:

Work:

Mobile:

Best time to call:

E-mail:

Address:

Street:

City:

State:

Zip Code:

Person and Department Alleged to have Discriminated:

Name: _____		Department: _____
Street: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____		

Basis(es) of Discrimination (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Veteran's Status | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Age – Date of Birth: _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Sex or Gender | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Religion _____ | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Creed _____ | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Other: _____ |

Date(s) Discrimination Occurred:

Summary of Complaint: (attach additional pages if necessary)

Action Requested:

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information or belief.

Signature of Complainant

____/____/____
Date



This form will be made available in an alternative format upon request. Direct your request to the Equity Programs Division of the Office of Human Rights and Equity Programs, 12000 Government Center Parkway, Suite 318, Fairfax, VA 22035; 703-324-2953, TTY 711 or 703-324-3305 (Fax).